

# Little Kickers



Summer Soccer League

This league is a great introduction to the sport of soccer. During the two weeks of practices and six weekday games your little kicker will be playing 3-4 to a side on micro soccer fields. Soccer basics will be taught with games, drills and tons of fun! No scores are kept for games and coaches will emphasize FUN in their teaching of dribbling, passing and shooting. **Sponsors Needed – only \$100 per team!** 



## \* REGISTRATION ENDS FRIDAY, JUNE 29TH! \*

AGES: Boys and Girls, ages 3-4 or Boys & Girls, ages 5-6

NOTE: League age group modifications may be made as needed

**PRACTICE:** Practices will be outdoors, on weekday evenings. Practice days & times determined by the coach. ft Practice is week of July 16th. <u>Coach will call you with ft Practice info</u>. Can be cancelled due to weather.

**GAMES:** 6 games will be scheduled on throughout the month of August

Games are outdoors and weather dependent

**FEE:** \$50, T-shirt and trophy included

## **REGISTRATION FORM**

|   |  | RATIOITI ORM   |   |  |   |   |
|---|--|--|---|--|---|---|
| League:Ages 5-  | 6 Ages 3-4   | Tshirt Size:   | XS(2-4)   | S(6-8)   | M(10-12)  |   |
| Child's Name:   |  | Age  | e:G   | ender:   | DOB:  |   |
| Parent/Guardian Name:   |  |  |   |  |   |   |
|   |  |  |   |  |   |   |
| Address:<br>Phone (H):  | ( <b>C)</b> :  | Email:_  |   |  |   |   |
| Teammate or Coach Request   |  |  |   |  |   |   |
| NOTE: MVPR will attempt to accommaccommodation of any request made.  PAYMENT METHOD (Cash, Che  | Full team roster registration<br>cks payable to M.V.P.R, VISA  | n available upon request.<br>A or MasterCard) ~ 1717   | ' S. 13 <sup>th</sup> St.,  | , Mount V  | ernon, WA 98274   |   |
| Visa or Master Card #:  |  | Exp. D   | )ate:   |  | Check #   |   |
| Team \$ponsors Needed!!s  | <u> </u>   | f like to \$ponsor a '   | Team! -   | Only \$100   | )/per team!   |   |
| I(we) am/are the parents(s) or legal guardian recreational activity of Little Kickers Soccer special dangers and risks inherent in this act arise directly or indirectly from the child's pechild to participate in this sponsored activity child, assume all risk of injury, damage and further agree, individually and on behalf of the and agree to waive any right of recovery that consequences occurring to the above-named consent for the above named child to participate which might affect my health or the health of physician or other medical authority and recoprohibits discrimination on the basis of sex in the back of this form** | League. It is important to me(uportant) to me(uportant) to me(uportant). Being and/or use of City facilities I(with harm to the child which may arise above-named child, to release to I(we) may have to bring a claim child or me arising out of the Copate in the activity described about the participant through participate in community recreation program | who desires to us) that this child be allowed to, the risk of serious physical ng fully informed as to these re), on behalf of myself(ourse se from the child's participatic and hold harmless the City of m or lawsuit for damages again thild's voluntary participation ove. I hereby certify that if the pating in recreational activitie I understand that the City of ms under the "Fair Play" law. | to participate<br>I injury, death<br>risks and in o<br>elves) and on<br>tion in the act<br>of Mount Ve<br>unst them for<br>in this activithe participant<br>es or program<br>f Mount Vern | e in this activen or other har consideration behalf of the civities or use ernon, its officiany persona ity. I(we) grathas any physis, I have coron and Mourned the Conc | rmful consequences whith of the City's allowing above-named participate of City facilities. I(we cials, employees and agal injury, death or other lant my(our) full and volsical ailment or conditions usulted with my personal to Vernon Parks and Resussion Information Sheet | nere are ich may my int ) ents narmful untary on l creation |
| Parent(s) / Guardian Signature(s)   | Parent(s) / Guar   | dian Printed Name(s)   |   | I  | Date  |   |
| I have signed the Concussion Info   | rmation Sheet on the back of thi   | s form *****   | *Please see r   | everse for m   | ore information****   | *   |



# **Concussion Information Sheet**



A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly. In other words, even a "ding" or a bump on the head can be serious. You can't see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

| Symptoms may include one or more of the following: |                                  |                                   |  |  |  |
|--|----------------------------------|-----------------------------------|--|--|--|
| -Headaches   | -Feeling sluggish or slowed down | -Sadness                          |  |  |  |
| -"Pressure in head                                 | -Feeling foggy or groggy         | -Nervousness or anxiety           |  |  |  |
| -Nausea or vomiting                                | -Drowsiness                      | -Irritability                     |  |  |  |
| -Neck pain   | -Change in sleep patterns        | -More emotional                   |  |  |  |
| -Balance problems or dizziness                     | -Amnesia                         | -Confusion                        |  |  |  |
| -Blurred, double or fuzzy vision                   | -"Don't feel right"              | -Concentration or memory problems |  |  |  |

| Signs observed by teammates, parents and coaches may include: |  |  |  |  |  |
|---|--|--|--|--|--|
| -Appears dazed  | -Slurred speech                                |  |  |  |  |
| -Vacant facial expression                                     | -Shows behavior or personality changes         |  |  |  |  |
| -Confused about assignment                                    | -Can't recall events prior to hit              |  |  |  |  |
| -Forgets plays  | -Can't recall events after hit                 |  |  |  |  |
| -Is unsure of game, score or opponent                         | -Seizures or convulsions                       |  |  |  |  |
| -Moves clumsily or displays incoordination                    | -Any change in typical behavior or personality |  |  |  |  |

### What can happen if my child keeps on playing with a concussion or returns too soon?

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage athlete will often under report symptoms of injuries. And concussions are no different. As a result, education of administration, coaches, parents and students is the key for student athlete's safety.

## If you think your child has suffered a concussion:

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without medical clearance. Close observation of the athlete should continue for several hours. The new "Zackery Lystedt Law" in Washington now requires the consistent and uniform implementation of long and well-established return to play concussion guidelines that have been recommended for several years:

"a youth athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from competition at that time."

#### and

"...may not return to play until the athlete is evaluated by a licensed heath care provider trained in the evaluation and management of concussion and received written clearance to return to play from that health care provider."

You should also inform your child's coach if you think that your child may have a concussion. Remember, it's better to miss one game than miss the whole season. And when in doubt, the athlete sits out.

| Student Athlete Printed Name       | <del></del>                           |      |
|------------------------------------|---------------------------------------|------|
|                                    |                                       |      |
|                                    |                                       |      |
| Parent or Legal Guardian Signature | Parent or Legal Guardian Printed Name | Date |